

FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | | | | | | | |
|--|---------|---|----------------|---|---------|---|------------------|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted <div style="text-align: center; font-weight: bold;">United States Environmental Protection Agency</div> | | | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="text-align: center; font-weight: bold;">CD - 00T73001 - 0</div> | | | | Page 1 of 1 pages | |
| 3. Recipient Organization (Name and complete address including Zip code) <div style="text-align: center;"> Santa Monica Bay Restoration Authority 320 W. 4th Street, Suite 200, Los Angeles, CA 90013 </div> | | | | | | | | | |
| 4a. DUNS Number <div style="text-align: center;">969071658</div> | | 4b. EIN <div style="text-align: center;">02-0752393</div> | | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) | | 6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final | | 7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | |
| 8. Project/Grant Period (Month, Day, Year) From: 10/01/2011 To: 10/31/2014 | | | | 9. Reporting Period End Date (Month, Day, Year) <div style="text-align: center;">9/30/2013</div> | | | | | |
| 10. Transactions <i>(Use lines a-c for single or combined multiple grant reporting)</i> | | | | | | Cumulative | | | |
| Federal Cash (To report multiple grants separately, also use FFR Attachment): | | | | | | | | | |
| a. Cash Receipts | | | | | | | | | |
| b. Cash Disbursements | | | | | | | | | |
| c. Cash on Hand (line a minus b) | | | | | | | | | |
| <i>(Use lines d-o for single grant reporting)</i> | | | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | | | |
| d. Total Federal funds authorized | | | | | | 349,940.00 | | | |
| e. Federal share of expenditures | | | | | | 132,596.07 | | | |
| f. Federal share of unliquidated obligations | | | | | | - | | | |
| g. Total Federal share (sum of lines e and f) | | | | | | 132,596.07 | | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | | 217,343.93 | | | |
| Recipient Share: | | | | | | | | | |
| i. Total recipient share required | | | | | | 170,000.00 | | | |
| j. Recipient share of expenditures | | | | | | 134,782.96 | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | 35,217.04 | | | |
| Program Income: | | | | | | | | | |
| l. Total Federal share of program income earned | | | | | | | | | |
| m. Program income expended in accordance with the deduction alternative | | | | | | | | | |
| n. Program income expended in accordance with the addition alternative | | | | | | | | | |
| o. Unexpended program income (line l minus line m or line n) | | | | | | | | | |
| 11. Indirect Expense | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share | | |
| | | | | | | | | | |
| | | | | | | | | | |
| g. Totals: | | | | | 0 | 0 | 0 | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: | | | | | | | | | |
| 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) | | | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official <div style="text-align: center;">Dr. Shelley Luce, Executive Director</div> | | | | | | c. Telephone (Area code, number, and extension) <div style="text-align: center;">(888) 301-2527</div> | | | |
| b. Signature of Authorized Certifying Official | | | | | | d. Email Address <div style="text-align: center;">mvillagomez@santamonibabay.org</div> | | | |
| e. Date Report Submitted (Month, Day, Year) <div style="text-align: center;">12/30/2013</div> | | | | | | | | | |
| 14. Agency use only: | | | | | | | | | |

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

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| Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503. |
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